

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # 622595

1. Entity Name
TARA MORTGAGE CORPORATION



Principal Place of Business
**4300 BAYOU BLVD SUITE 1
PENSACOLA, FL 32503 US**

Mailing Address
**4300 BAYOU BLVD SUITE 1
PENSACOLA, FL 32503 US**



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1960869

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GILMORE, M DIANE
4730 HOWE STREET
PENSACOLA, FL 32504**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000062877
02/23/04-80139-008 158.75**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MUZZY, M ELESNA
STREET ADDRESS	2250 OXFORD PL
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	PTD
NAME	GILMORE, M DIANE
STREET ADDRESS	4730 HOWE ST
CITY-ST-ZIP	PENSACOLA, FL 00000,
TITLE	VTs
NAME	GILMORE, J MIKE
STREET ADDRESS	4578 WHISPER CIR
CITY-ST-ZIP	PENSACOLA, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Mike Gilmore (J. Mike Gilmore) 2/20/04

850-474-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #